

FORMS JUSTIFICATION & APPROVAL REQUEST
SEE INSTRUCTIONS ON BACK

General Services
Records Management Division

| | | | | | | | |
|---|--|---|--|---|--|---|-----------------------|
| 1. Requesting Agency / Division | | | | | 2. Allot. Code | | |
| 3. Form Title | | | | | 4. RDA No. | | |
| 5. Edition: <input type="checkbox"/> New Form <input type="checkbox"/> Revised Form Number _____ | | 6. Media Type: If electronic, where does info. reside? <input type="checkbox"/> Paper <input type="checkbox"/> Electronic | | <input type="checkbox"/> Internet <input type="checkbox"/> Intranet <input type="checkbox"/> PC | 7. Public Oriented: <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Printer: <input type="checkbox"/> Printing Div. <input type="checkbox"/> Agency Printshop <input type="checkbox"/> Outside Vendor | 9. Est. Cost Per 1000 |
| 10. Usage: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | | 11. Est. Mo. Usage | | 12. Quantity to be Printed | | 13. Who Completes Form | |
| <input type="checkbox"/> One-Time Only | | | | | | | |
| 14. Justification and Purpose of Form: (enter this information for new and revised forms. If revised, describe any benefits to be derived from revision also) | | | | | | | |

SPECIFICATIONS

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|--|--------------------------------------|
| 15. Layout: <input type="checkbox"/> One Side Only <input type="checkbox"/> Two-Sided | | 16. Number of Parts (NCR) | | 17. Number of Pages | | 18. Ink Color: <input type="checkbox"/> Black <input type="checkbox"/> Other _____ | | | |
| 19. Size: <input type="checkbox"/> 4 1/2 x 5 1/2 <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 11 | | <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> Other: _____ | | 20. Paper Type: <input type="checkbox"/> Cover <input type="checkbox"/> Bond <input type="checkbox"/> Index <input type="checkbox"/> Carbonless | | <input type="checkbox"/> Offset <input type="checkbox"/> Gummed Paper <input type="checkbox"/> Parchment <input type="checkbox"/> Other: _____ | | | |
| | | | | | | 21. Paper Color: <input type="checkbox"/> White <input type="checkbox"/> Canary <input type="checkbox"/> Pink | | <input type="checkbox"/> Goldenrod <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Buff | <input type="checkbox"/> Other _____ |

DISPOSITION

| | | | | | | |
|--|--|--|--|--|---|--|
| 22. Location of Blank Printed Forms: <input type="checkbox"/> Agency <input type="checkbox"/> Central Stores | | | <input type="checkbox"/> Printing Division <input type="checkbox"/> Other _____ | <input type="checkbox"/> Region Office | 23. Disposition of Revised or Superseded Forms: <input type="checkbox"/> Use <input type="checkbox"/> Dispose of When Revision Received | |
| 24. Additional Information | | | | | | |

| | |
|---------------------------------|----------------------------|
| 25. Person Responsible for Form | Location and Telephone No. |
|---------------------------------|----------------------------|

26. I certify that the purpose, justification, and specifications are essential and correct for this requested form.

| | |
|---------------------------------|-------------|
| Signatures _____ | _____ |
| Agency Forms Management Officer | Agency Head |
| _____ | _____ |
| Date | Date |

RECORDS MANAGEMENT DIVISION USE ONLY

| | | | |
|---|--|-----------------|---------------------|
| 27. Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | 28. Form Number | 29. Functional Code |
| 30. Remarks: | | | |
| 31. | | | |
| Signature _____ | | | _____ |
| Director, Records Management Division | | | Date |

INSTRUCTIONS

1. Enter the name of the requesting agency and the division in which the form will be used.
2. Enter the allotment code.
3. Enter the form title exactly as it appears on the form.
4. Enter the applicable RDA Number for the form.
5. If the form has never been submitted for approval to Records Management, check "new form." If the form has previously been approved by Records Management and has been revised, check "revised form." Enter the form number already assigned if the form is a revision.
6. Enter the correct media type in which the form is produced. If electronic, enter where the info. resides.
7. If the form goes outside the offices of State Government to citizens or businesses to be completed, check "Yes." If the form is used internally in State Government, check "No."
8. Indicate whether the form will be printed by Printing Division, an agency printshop or outside State Government.
9. Enter the cost for printing 1,000 forms.
10. If the form will only be used for a certain length of time, check "temporary." If the form is expected to be used permanently, mark "permanent." If the form will only be printed once, such as for a special project, check "one-time only."
11. Enter the quantity of the forms that the agency will use per month.
12. Enter the number of forms that will be printed in the initial printing request.
13. Enter who completes the form. (Not individual's name).
14. Enter what the form is used for and why the information is needed.
15. If the form is printed on only one side of the page, mark "one side only." If it is printed front and back, mark "two-sided."
16. Enter the number of parts on carbonless paper.
17. Enter the number of pages of the form.
18. Enter the color of ink used. If other than black ink, justify color of ink required.
19. Check the dimensions of the form. If the size is not listed, check "other," give its dimensions and justify why this size is required.
20. Enter the kind of paper on which the form is to be printed.
21. Enter the color of paper used. Justification is required for color of paper other than white except with NCR forms.
22. Enter where the stock of printed forms will be stored.
23. Enter if the revised form will be used or disposed of.
24. Enter other information about the form which should be considered in the approval process.
25. Enter the name of person who initiated the form along with location and telephone number.
26. Enter the signatures of Forms Management Officer and Agency Head with dates signed.

**SEND ALL THREE COPIES TO THE RECORDS MANAGEMENT DIVISION
ALL REQUESTS MUST HAVE DRAFT ATTACHED**